

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

 State File No. **17727**

BIRTH NO. _____		REG. DIST. NO. <b>38</b>		PRIMARY REG. DIST. NO. <b>3006</b>		Registrar's No. <b>162</b>	
1. PLACE OF DEATH a. COUNTY <b>Boone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Columbia</b>		c. LENGTH OF STAY (In this place) <b>57 yrs</b>		c. CITY OR TOWN <b>Columbia</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>706 Range Line</b>				e. STREET ADDRESS (If rural, give location) <b>706 Range Line</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>EVALINA</b>		b. (Middle) <b>NANCY</b>		c. (Last) <b>HENDRICK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 24, 1955</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>May 15, 1864</b>	
9. AGE (In years last birthday) <b>91</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Callaway County, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Thomas Turner</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Virginia Wren</b>		14. NAME OF HUSBAND OR WIFE <b>James Perry Hendrick</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Helen Hendrick, 706 Range Line, Columbia, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gangrene Rt. Leg</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterial Thrombosis</b> DUE TO (c) <b>Hypertension</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>4 wks</b> <b>4 wks</b> <b>4 yrs</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <b>444 X</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>1952</b> , to <b>June 24, 1955</b> , that I last saw the deceased alive on <b>June 23, 1955</b> , and that death occurred at <b>5:35 Am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>F.C. Siegert MD</b> (Degree or title)		23b. ADDRESS <b>Columbia</b>		23c. DATE SIGNED <b>6-25-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-26-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Prairie Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Boone County, Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>June 25 1955</b>		REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>30. Parker Funeral Service</b>		ADDRESS <b>Columbia, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 41

P. O. Address Columbus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.